Attorney Docket No. <u>1012679-000093</u>

E UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	MAIL STOP AFTER FINAL			
Sunghoon Kim	Group Art Unit: 1647			
Application No.: 10/623,567	Examiner: BETTY L LEE			
Filing Date: July 22, 2003	Confirmation No.: 6562			
Title: METHOD FOR STIMULATING WOUND HEALING))			

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:							
Enclos	sed is a reply for the above-identified patent application.						
\boxtimes	A Petition for Extension of Time is enclosed.						
	Terminal Disclaimer(s) and the \$\sum \$ 65 \$\sum \$ 130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed.						
\boxtimes	Also enclosed is/are: Exhibits A and B (attached to Amendment and Reply).						
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 395 \$\square\$ \$ 790 fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.						
	Applicant(s) previously submitted on for which continued examination is requested.						
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i is enclosed.						
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed						

_ Reg. No. 40,373

\boxtimes	No additional claim fee is required.								
	An additional claim fee is required, and is calculated as shown below:								
AMENDED CLAIMS									
,***		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Add	ditional Fee		
Total Claims		9	20	0	x \$ 50 (1202)	\$	0		
Independent Claims		1	3	0	x \$ 200 (1201)		0		
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						\$	0		
Total Claim Amendment Fee						\$	0		
☐ Sm	all Entity Status cla	aimed - sub	tract 50% of Total	Claim Ame	ndment Fee		0		
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$	0		
	Charge to Deposit Account No. 02-4800 for the fee due.								
	A check in the amount of is enclosed for the fee due.								
	Charge to credit card for the fee due. Form PTO-2038 is attached.								
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.								
Respectfully submitted,									
·	BUCHANAN INGERSOLL & ROONEY PC SUSAN M. DADIO								

Christopher L. North Registration No. 50433

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

Date August 9, 2006